

215023311  
49285

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 030	Agency Case No. B5-053193	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/14/2015			TIME OF ACCIDENT	STATE USE ONLY  06/15/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1628	PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 542 N 35th			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY			FEET MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	N 35th/ T St						
20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
2	VEHICLE NO. 1						
F	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/N	DRIVER	PHONE			LOCAL NO.		
1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	V1/1 09	
V2/N	OWNER	PHONE			LOCAL NO.	V1/2 42	
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	V1/3 25	
H	LICENSE PLATE NO.	UNKNOWN			YEAR (Plate Expires)	STATE (Of Plate)	
5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$
V1/O	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			Unknown		V1/4 42
V2/O	TOWED TO	TOWED BY			POLICY NO.		V1/5 25
I	VEHICLE NO. 2						
7	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P	DRIVER	PHONE			LOCAL NO.		
8	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	V2/1	
V2/P	OWNER	PHONE			LOCAL NO.	V2/2	
J	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	V2/3	
V1/Q	LICENSE PLATE NO.	YEAR (Plate Expires)			STATE (Of Plate)	V2/4	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$
4	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			Unknown		V2/5
K	TOWED TO	TOWED BY			POLICY NO.		V2/6
02							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-053193**



Indicate  
North  
by Arrow



**POI #1: Even with the SE curb of N 35th and T St**

**POI #2: 20ft east of the east curb of N 35th  
38ft south of the south curb of T St**

**N 35th**

**T St**

**542 N 35th**

*Not To Scale*

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Unknown veh ran off road and hit tree on private property. Veh then took off possibly SB on N 35th.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME		ADDRESS	PHONE	APPROX. COST OF DAMAGE
	<b>TREE</b>	<b>Barbra LAUTZENHEISER</b>		<b>17 Hunterridge DR, GLASTONBURY, CT 06703</b>		<b>\$ 50</b>
<b>WITNESSES</b>	OBJECT DAMAGED	OWNER NAME		ADDRESS	PHONE	APPROX. COST OF DAMAGE
						<b>\$</b>
<b>VEHICLE MOVEMENT BEFORE COLLISION</b>						
<b>POINT OF IMPACT AND MOST DAMAGED AREA</b>						
<b>AIRBAG DEPLOYED VEHICLE 1</b>						
<b>RESTRAINT USE VEHICLE 1</b>						
<b>TOTAL OCCUPANTS</b>						
<b>ALCOHOL/ DRUGS SUSPECTED</b>						
<b>PHOTOGRAPHS</b>						